

**Cobb County Swim League
Coordinators Information
2009**

Team Name: _____

Team Representative: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (h): _____ (w): _____

E-mail: _____

Pool Address: _____

City: _____ State: _____ Zip: _____

Pool Phone: _____ Estimate of Team Size: _____

Estimate Number of Year Round Swimmers: _____

Does your Team take Outside Registration: _____?

Do you require pool/club membership for participating summer league swimmers: _____?

Insurance Information: A copy of **Certificate of Liability Insurance** form must be attached to coordinators form. This can be obtained from your Homeowners Association or insurance company. Certificate must state that athletic events are covered. A copy of what the form should look like is attached.

PLEASE LIST ANY INFORMATION PERTINENT TO YOUR TEAM THAT YOU FEEL WOULD BE HELPFUL.

Please give directions to your pool from the nearest main road. This is for new teams or if your team has changed locations. All should be on file. **Attach separate sheet if necessary**

**PLEASE ANSWER ALL QUESTIONS ON THIS FORM AND RETURN WITH A COPY OF
INSURANCE LIABILITY FORM**